



ACC.14

TCT@ACC-i2 | innovation in intervention

A1735

JACC April 1, 2014

Volume 63, Issue 12



TCT@ACC-i2: The Interventional Learning Pathway

THE IMPACT OF PERMANENT PACEMAKER IMPLANTATION FOLLOWING TRANSCATHETER AORTIC VALVE REPLACEMENT ON OUTCOME

Poster Contributions

Hall C

Saturday, March 29, 2014, 10:00 a.m.-10:45 a.m.

Session Title: Valvular and Structural Heart Intervention

Abstract Category: 42. TCT@ACC-i2: Aortic Valve Disease

Presentation Number: 2101-290

Authors: *Marco Magalhaes Pereira, Sa'ar Minha, Ricardo Escarcega Alarcon, Nevin Baker, Hideaki Ota, Al Fazir Omar, Lakshmana Pendyala, Joshua Loh, Jose F. Rodriguez-Weisson, Rebecca Torguson, Fang Chen, Itsik Ben-Dor, Petros Okubagzi, William Suddath, Lowell Satler, Augusto Pichard, Ron Waksman, MedStar Washington Hospital Center, Washington, DC, USA*

Background: Timing, causality, and outcomes of permanent pacemaker (PPM) following transcatheter aortic valve replacement (TAVR) remains poorly described.

Methods: Symptomatic aortic stenosis patients undergoing TVAR were followed for timing and underlying causes of PPM implantation. They were categorized into 3 groups according to those with no PPM (NoPPM), prior PPM (PrePPM), and PPM post-procedure (PostPPM) and the outcomes were compared. The primary end point was mortality at 1 year. Secondary end points included major stroke, worsening heart failure class, and hospital length of stay.

Results: A total of 450 consecutive patients underwent TAVR. The median implantation time was 4 days (range: 1-17) with the most common underlying cause being complete AV block (58%). Baseline characteristics in NoPPM (n=347), PrePPM (n=78) and PostPPM (n=25) groups revealed the highest prevalence of Afib in the PostPPM group compared with PrePPM and NoPPM patients (56% vs. 28% and 33%; p=0.03). PostPPM patients had a trend towards higher early mortality compared to NoPPM and PrePPM (landmark p=0.09); however, no difference in mortality was found at 1 year (p=0.63). (Table)

Conclusion: The most frequent PPM cause is complete AV block. Although not associated with 1-year mortality, the clinical complications were higher in patients who required PPM compared to those who did not. Efforts to minimize conduction disturbances in TAVR patients are warranted.

Outcomes according to No PPM, PrePPM and PostPPM groups				
Outcomes	NoPPM n=347	PrePPM n=78	PostPPM n=25	Pvalue
Mortality 30 days, (%)	33 (9.5)	5 (6.4)	4 (16)	0.46
Mortality 1 year, (%)	77 (22)	19 (24)	12 (48)	0.91
Major stroke, (%)	11 (3.2)	3 (3.9)	3 (12)	0.08
Worsening heart failure class, (%)	57 (17)	19 (25)	12 (48)	<0.01
Hospital length of stay, (%)	9.1± 6.8	9.1 ± 6.8	12.8 ± 9.6	<0.05